

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

8791      7590      12/19/2006

**BLAKELY SOKOLOFF TAYLOR & ZAFMAN**  
 12400 WILSHIRE BOULEVARD  
 SEVENTH FLOOR  
 LOS ANGELES, CA 90025-1030

03/21/2007 EAYALEW2 00000014 09965437

01 FC:1501      1400.00 0P  
 02 FC:1504      300.00 0P

03 APPLN NO.      FILING DA 09.00 0P

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Angela M. Quinn</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
March 19, 2007	(Date)

APPLN. NO.	FILING DA	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/965,437	09/27/2001	Johnny M. Matta	10745/022	3877

TITLE OF INVENTION: LAYER THREE QUALITY OF SERVICE AWARE TRIGGER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/19/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAMAKRISHNAIAH, MELUR	2614	455-436000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP**  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NTT DOCOMO, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual.  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies ten (10)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Michael J. Mallie

Date 3/17/07

Typed or printed name Michael J. Mallie

Registration No. 36,591

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## FEE TRANSMITTAL FOR FY 2005

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**TOTAL AMOUNT OF PAYMENT (\$)** 1,730.00

**Complete if Known:**

Application No. 09/965,437  
 Filing Date September 27, 2001  
 First Named Inventor Johnny M. Matta  
 Examiner Name Melur Ramakrishnaiah  
 Art Unit 2614  
 Attorney Docket No. 06655.P032

Applicant claims small entity status. See 37 CFR 1.27.

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify)

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: \_\_\_\_\_

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Charge fee(s) indicated below except for the filing fee

Credit any overpayments.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form.  
 Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Large Entity	Small Entity	Fee Description	Fees Paid (\$)
Fee Code	Fee (\$)	Fee Code (\$)	
1011	300	2011 150	Utility application filing fee
1111	500	2111 250	Utility search fee
1311	200	2311 100	Utility examination fee
			} 1,000/500
1012	200	2012 100	Design application filing fee
1112	100	2112 50	Design search fee
1312	130	2312 65	Design examination fee
			} 430/215
1013	200	2013 100	Plant filing fee
1113	300	2113 150	Plant search fee
1313	160	2313 80	Plant examination fee
			} 660/330
1004	300	2004 150	Reissue filing fee
1114	500	2114 250	Reissue search fee
1314	600	2314 300	Reissue examination fee
			} 1,400/700
1005	200	2005 100	Provisional application filing fee

SUBTOTAL (1) \$ \_\_\_\_\_

**2. EXCESS CLAIM FEES**

<u>Extra Claims</u>				<u>Fee from below</u>	<u>Fees Paid (\$)</u>
Total Claims	— 20 or HP =			X	=
HP = highest number of total claims paid for, if greater than 20					
Independent Claims	— 3 or HP =			X	=
HP = highest number of independent claims paid for, if greater than 3					
Multiple Dependent Claims					=
<b>Large Entity</b>	<b>Small Entity</b>				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	
1202	50	2202	25	Each claim over 20	
1201	200	2201	100	Each independent claim over 3	
1203	360	2203	180	Multiple dependent claims, if not paid	
1204	200	2204	100	Reissue: each claim over 20 and more than in the original patent	
1205	50	2205	25	Reissue: each independent claim more than in the original patent	
<b>SUBTOTAL (2) \$ _____</b>					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>	
_____	— 100 = _____ / 50 = _____ (round up to whole number)	X	_____	_____	
<b>Large Entity</b>	<b>Small Entity</b>				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description:</u> Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):	
1081	250	2081	125	Utility	
1082	250	2082	125	Design	
1083	250	2083	125	Plant	
1084	250	2084	125	Reissue	
<b>SUBTOTAL (3) \$ _____</b>					

**FEE CALCULATION (continued)****4. OTHER FEE(S)**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fees Paid (\$)</u>
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051 65	Surcharge - late filing fee or oath
1052	50	2052 25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053 130	Non-English specification
1812	2,520	1812 2,520	For filing a request for ex parte reexamination
1813	8,800	1813 8,800	Request for inter parties reexamination
1804	920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251	120	2251 60	Extension for reply within first month
1252	450	2252 225	Extension for reply within second month
1253	1,020	2253 510	Extension for reply within third month
1254	1,590	2254 795	Extension for reply within fourth month
1255	2,160	2255 1,080	Extension for reply within fifth month
1401	500	2401 250	Notice of Appeal
1402	500	2402 250	Filing a brief in support of an appeal
1403	1,000	2403 500	Request for oral hearing
1451	1,510	1451 1,510	Petition to institute a public use proceeding
1452	500	2452 250	Petition to revive – unavoidable
1453	1,500	2453 750	Petition to revive - unintentional
1501	1,400	2501 700	Utility issue fee (or reissue)
1502	800	2502 400	Design issue fee
1503	1100	2503 550	Plant issue fee
1462	400	1462 400	Petitions to the Commissioner (CFR 1.17(f) Group I)
1463	200	1463 200	Petitions to the Commissioner (CFR 1.17(g) Group II)
1464	130	1464 130	Petitions to the Commissioner (CFR 1.17(h) Group III)
1807	50	1807 50	Processing fee under 37 CFR 1.17(q)
1806	180	1806 180	Submission of Information Disclosure Stmt
8021	40	8021 40	Recording each patent assignment per property (times number of properties)
1809	790	2809 395	For filing a submission after final rejection (see 37 CFR 1.129(a))
1814	130	2814 65	Statutory Disclaimer
1810	790	2810 395	For each additional invention to be examined (see 37 CFR 1.129(b))
1801	790	2801 395	Request for Continued Examination (RCE)
1802	900	1802 900	Request for expedited examination of a design application
1504	300	1504 300	Publication fee for early, voluntary, or normal pub.
1505	300	1505 300	Publication fee for republication
1803	130	1803 130	Request for voluntary publication or republication
1808	130	1808 130	Processing fee under 37 CFR 1.17(i) (except provisionals)
1454	1,370	1454 1,370	Acceptance of unintentionally delayed claim for priority
Other fee (specify) <u>Fee for 10 additional copies of Issued Patent</u>			<u>30.00</u>
Other fee (specify) _____			
			<b>SUBTOTAL (4) \$ 1,730.00</b>
*Reduced by Basic Filing Fee Paid			
<b>SUBMITTED BY:</b>			
Typed or Printed Name: <u>Michael J. Malie</u>			
Signature: <u>[Signature]</u>		Date: <u>3/9/07</u>	
Reg. Number: <u>36,591</u>		Telephone Number: <u>408-720-8300</u>	

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450